

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Gary Foster**

Mailing Address 1725 E Prospect Rd

City

Fort Collins

State

CO

Zip Code

80525-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 17 / 2015

**Transaction ID : 8E0AFF5-66A3-41BA-A**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kenneth Frank**

Mailing Address 1401 S Main St

City

Ottawa

State

KS

Zip Code

66067-3528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 18 / 2015

**Transaction ID : 422543AD-4183-4691-8**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Luther Fry**

Mailing Address 310 E Walnut Street

City

Garden City

State

KS

Zip Code

67846-5560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 30 / 2015

**Transaction ID : F9C7A87D-759F-445C-8**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2365.00